PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								Application or Docket Number				
								RD /				
								09829564 450117-03				
		CLAIMS AS	FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			25					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			25 minus 20=		• 5			X\$ 9=		OR	X\$18=	90
INDEPENDENT CLAIMS			3 minus 3 =		0		X40=			OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PE	RESENT				+135=			OR	+270=	_
* If the difference in column 1 is less than zero, enter "0"						olumn 2	•	TOTAL		OR	TOTAL	800
	C		MENDED - PART II				SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
_	(Column 1) CLAIMS			(Colu	mn 2) IEST	(Column 3)	<u>,</u>	SMALL		0n 		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
Z D ME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEI	Independent	. *	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI]		1	1	+270=	
							l	+135=		OR	+270=	
									E	OR	ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)						۱.			.		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	1	X40=		OR	X80=	
L	HIRST PRESE	NIAHON OF MI	JLTIPLE DEPENDENT		I CLAIM	CLAIM		+135=		OR	+270=	
							L	TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	
			10011. FE		_							
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	HIGI NUN PREVI	mn 2) HEST MBER OUSLY O FOR	PRESENT EXTRA] [RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=] [X\$ 9=		OR	X\$18=	
	Independent		Minus	***]=	┧╏	X40=		OR	X80=	
L	FIRST PRESE	JLTIPLE DEPENDEN		T CLAIM		┧╽	, 125		1	+270=		
	If the entry in colu	ımn 1 is I ss than t	he entry in col	umn 2, wri	te "0" in co	olumn 3.	Į	+135= TOTA		OR	+270=	
** If the "Highest Numb r Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3."									E	OR	ADDIT. FEE	
	The "Highest Nur	nber Previously Pa	aid For (Total o	or Independ	dent) is th	e highest numb	er fou	und in the	appropriate bo	ox in co	dumn 1.	